

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8920</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>DENNIS</b> <b>E</b> <b>RAYMOND</b>  P.O. Box, Bldg., Room No., if any  Street <b>1871 BALDWIN STREET</b>  City <b>WATERBURY</b>  State <b>Connecticut</b> ZIP Code + 4 <b>06706</b>	4. Name, file number, and address of labor organization. Name <b>TEAMSTERS LOCAL UNION 677</b>  Labor Organization File Number <b>034-410</b>  P.O. Box, Building and Room Number, if any  Street <b>1871 BALDWIN STREET</b>  City <b>WATERBURY</b>  State <b>Connecticut</b> ZIP Code + 4 <b>06706</b>
5. Position in labor organization. <b>SECRETARY/TREASURER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.     7.b. Amount.   

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Dennis E. Raymond* On 8/12/05 203-753-3121  
Date Telephone Number

Name of Person Filing DENNIS RAYMOND	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 25 RESEARCH DRIVE  
City MILFORD  
State Connecticut ZIP Code + 4 06460

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENTS OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING HEALTH SERVICES FUND CLERKS MEETING  
HELD BY TRI-STATE JOINT FUND 6/1/2004-6/04/2004.  
HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

12.b. Amount.

\$1,653

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut

ZIP Code + 4 06460

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRI-  
STATE JOINT FUND 04/17/2004-04/24/2004. HOTEL ROOM  
AND TAX, TRAVEL AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$723

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 25 RESEARCH DRIVE  
City MILFORD  
State Connecticut ZIP Code + 4 06460

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

## 9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRI-  
STATE JOINT FUND 09/26/2004-09/29/2004. HOTEL ROOM  
AND TAX AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$845

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name FAULKNER, MUSKOVITZ, &amp; PHILLIPS, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 820 WEST SUPERIOR AVENUE

City CLEVELAND

State Ohio ZIP Code + 4 44113-1800

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE LABOR BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

RECEIPT OF GIFT BASKET.

## 12.b. Amount.

\$110

Name of Person Filing DENNIS RAYMOND

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut ZIP Code + 4 06460

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH AND WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING BOARD OF TRUSTEES MEETING OF TRI-  
STATE JOINT FUND FROM 04/17/2004 TO 04/23/2004.  
HOTEL ROOM AND TAX AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$2,647

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut

ZIP Code + 4 06460

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF LUNCHEON EXPENSE INCURRED IN  
CONNECTION WITH HEALTH AND WELFARE BUSINESS  
CONFERENCE.

## 12.b. Amount.

\$93



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LOCAL 494 ENTENMANN'S SALESPERSON'S TRUST FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 740

Street DAVIS ROAD &amp; OAKLAND LANE

City VALLEY FORGE

State Pennsylvania ZIP Code + 4 19482

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE ANNUITY BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF BUSINESS EXPENSES INCURRED  
JULY 15, 2004 IN CONNECTION WITH SERVICES AS  
TRUSTEE TO ANNUITY TRUST FUND. HOTEL ROOM AND TAX  
AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$788



## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LOCAL 463 ENTENMANN'S SALESPERSON'S TRUST FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 740

Street 820 WEST SUPERIOR AVENUE

City VALLEY FORGE

State Pennsylvania ZIP Code + 4 19482

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

PROVIDE ANNUITY BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF BUSINESS LUNCHEON EXPENSE INCURRED JULY 15, 2004 IN CONNECTION WITH SERVICES AS TRUSTEE TO ANNUITY TRUST FUND.

## 12.b. Amount.

\$75

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name LOCAL 443 ENTERMANN'S SALESPERSON'S TRUST FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 740

Street 820 WEST SUPERIOR AVENUE

City VALLEY FORGE

State Pennsylvania ZIP Code + 4 19482

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE ANNUITY BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF BUSINESS LUNCHEON EXPENSE INCURRED JULY 15, 2004 IN CONNECTION WITH SERVICES AS TRUSTEE TO ANNUITY TRUST FUND.

## 12.b. Amount.

\$75

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name TRI-STATE JOINT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 25 RESEARCH DRIVE

City MILFORD

State Connecticut

ZIP Code + 4 06460

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH & WELFARE BENEFITS FOR TEAMSTERS  
LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION  
WITH ATTENDING EDUCATIONAL SEMINAR RELATING TO  
EMPLOYEE BENEFITS PLANS FROM AUGUST 31, THROUGH  
SEPTEMBER 3, 2004. HOTEL ROOM AND TAX, TRAVEL AND  
INCIDENTAL EXPENSES.

## 12.b. Amount.

\$1,335

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name N.E. TEAMSTERS &amp; BAKING INDUSTRY HB &amp; INS FD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 38

Street

City NORTH ANDOVER

State Massachusetts ZIP Code + 4 01845

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

PROVIDE HEALTH BENEFITS FOR TEAMSTERS LOCAL UNION MEMBERS.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES INCURRED IN CONNECTION WITH ATTENDING TRUSTEES HEALTH BENEFIT MEETING FEBRUARY 14, 2004 THROUGH FEBRUARY 19, 2004. HOTEL ROOM AND TAX, AIRFARE, AUTO RENTAL, AND INCIDENTAL EXPENSES.

## 12.b. Amount.

\$1,730